

03 December 2025

Commissioning Letter: Respiratory and infectious disease surveillance including vaccine effectiveness 2025/2026

Dear valued General Practice colleague,

Thank you to all existing members and prospective members of the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) network for reading our 2025-26 disease surveillance programme as described in this Commissioning Letter.

This letter sets out this season's approach to sampling, including new serology and virology sampling pathways, along with an overview of the RSC's recent achievements.

This is our 59th season of disease surveillance including assessing vaccine effectiveness. This surveillance programme is commissioned by the UK Health Security Agency (UKHSA) and provided in partnership, with RCGP and the University of Oxford.

The RSC currently has over 2,000 general practice members across England, kindly sharing data and with some additionally collecting serology and/or virology samples from patients. The RSC is also engaged in research studies involving practices in England and the devolved nations.

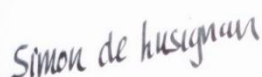
The RSC is proud in its ability to be responsive. In our 2024/25 season, we provided additional data that reported the rise in measles and pertussis (whooping cough) alongside our usual focus on flu, respiratory syncytial virus (RSV) and since 2020, COVID-19.

In this year's commissioning letter, we have additional priorities for the 2025-26 season. These include estimating the impact of the RSV vaccination programme, which commenced in autumn 2024 and influenza vaccine effectiveness analyses in a year where six different vaccines are available for use in primary care, and the influenza season has started earlier. Our 2025-26 priorities also include increasing paediatric serology sampling.

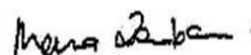
As ever high-quality primary care data is really important, particularly coding all acute respiratory infections (ARI) as specifically as possible.

We're actively recruiting new practices to the RSC network and we'd love to hear from you if you're interested in joining. Please contact the University of Oxford's Practice Liaison Team at practiceenquiries@phc.ox.ac.uk

Yours faithfully,



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1. Introduction – scope of the RSC surveillance activity and sampling targets for 2025/26

History

The Oxford-RCGP RSC has been the primary source for disease surveillance in England, since 1957. Over 2,000 general practices across England, volunteer to share pseudonymised (de-identified) patient data with us. These data provide valuable information that support national health policy decisions and public health priorities. Our focus is on disease outbreaks (especially respiratory illnesses), vaccine effectiveness, and understanding winter pressures.

Scope

Over 150 RSC practices, also participate in UKHSA funded virology and serology sampling. This provides critical information on circulating respiratory viruses (e.g. flu, SARS-CoV-2, RSV) and is used by the UKHSA to measure disease exposure, immune response and vaccine effectiveness. This information is also used for NHS planning and provides the World Health Organisation (WHO) key data to support global vaccine strain selection.

Methods

Using clinically coded data, we produce a number of regular analyses including Weekly Communicable and Respiratory Disease Reports, comprising 40 monitored conditions, which are publicly available at [RCGP Public Health Data](#). Data reported by UKHSA is available at [National flu and COVID-19 surveillance reports](#). Data is also provided to [UKHSA's Syndromic Surveillance system](#), to undertake gastroenteritis surveillance to inform responses to meet public health needs.

Serology and virology sampling targets for 2025/26

This year, there is an emphasis on testing virology samples for RSV and Influenza-positivity, to enhance vaccine effectiveness analyses.

From October 2025, we will have a second virology laboratory operating. The UKHSA Colindale laboratory (April 2025 to March 2026) and UKHSA North Bristol laboratory (October 2025 to March 2026) will each, have capacity for testing 15,000 virology samples, for 2025/26. Both laboratories will test for Influenza A and B, SARS CoV-2 and RSV, and UKHSA will also test for enterovirus/rhinovirus, adenovirus, seasonal Coronavirus and human metapneumovirus (hMPV) at the Colindale laboratory.

For serology sampling in 2025/26, we have capacity to collect 18,000 valid samples. We have targets for different patient cohorts, by age: 6,000 samples for 65-year-olds and above; 6,000 for 18- to 64-year-olds; 3,000 for 9- to 17-year-olds; and 3,000 for under 9-year-olds.

We require a significant increase for paediatric serology samples in 2025/26. If your practice can help, please contact us at practiceenquiries@phc.ox.ac.uk.

2. 2025-26 RSC virology surveillance sampling

Updated sampling approach for 2025/26

We need sufficient samples to determine the effectiveness (VE) of the RSV vaccination programme, the different types of influenza vaccine, and our COVID-19 vaccination programme. We plan to achieve this with an updated sampling approach in 2025/26 which aims to conduct:

1. **All year-round sampling:** virology samples are required every month of the year. Lower levels of sampling are required between weeks 20 and 40 (i.e. over the late spring, summer and early autumn) when there are fewer circulating organisms with epidemic or pandemic potential. However, we will call on practices should there be a need (e.g. 2009 out of season “swine flu” (H1N1) pandemic). Peak weeks are ISO week 40 (29 September 2025) to week 13 (23 March 2026), and intensive sampling is required during this period.
2. **Timing:** Samples must be taken within **7 days of onset of symptoms** (was previously 10 days). Samples taken within a 7-day window have the highest chance of detecting a virus. This will improve the quality of data for surveillance and ensure consistency of data sets for international pooled analysis of VE. Sampling pregnant women is particularly important
3. **High quality sampling data:** This includes correct patient details (NHS number is really important), date of onset, date of sample, and as specific as possible acute respiratory infection (ARI) diagnosis coding (e.g. influenza like illness (ILI, chest infection, URTI etc.). Missing information on lab forms and mismatched samples creates extra work for lab and practice staff
 - The lab form must contain: patient details, date of onset of symptoms, and date the swab was taken
 - The sample tube **must** have a minimum of 2 patient identifiers that match the lab form e.g. patient name, date of birth and/or NHS number
 - Samples must be taken within 7 days of onset of symptoms
 - Samples with incomplete lab forms or mismatched sample tubes cannot be tested and are not considered valid. To support practices in addressing this issue, reports will be issued automatically by the lab highlighting the problem.
 - Sampling information can be found on the virology dashboard (practices have a unique code to view their practice-level data):
<https://orchid.phc.ox.ac.uk/surveillance/dashboards-and-observatories-portal/virology-dashboard>

Pathway Options for sampling arrangements include:

- **Take-A-Test UK Pathway Innovation:** this winter we're aiming for practices to have the option to directly provide these self-swab kits to patients. This will increase uptake as patients won't need to wait to receive the kit in the post.
- **Lablinks Digital Pathway Innovation:** from October 2025, we will be launching a new pathway with local laboratories to incorporate virology and paediatrics serology sampling with computerised medical records i.e. the Integrated Clinical Environment (ICE) test requesting. This will provide faster test results to be shared back to practices for virology sampling.
- **Bristol ICE Pathway Innovation:** from October 2025, we will be launching virology sampling requested via ICE for practices within Bristol using the UKHSA North Bristol laboratory. This will provide faster test results to be shared back to practices.

Please contact the Practice Liaison Team if you require support or further information to mobilise this modernisation at practiceenquiries@phc.ox.ac.uk

Legal basis for surveillance and practice Data Sharing Agreements (DSA)

The legal basis for our surveillance data processing is [The Health Service \(Control of Patient Information\) Regulations 2002 – Regulation 3](#). This same legal framework was widely used in the pandemic. The role of the RSC is endorsed annually by the UKHSA Caldicott Guardian under Regulation 7.

The University of Oxford hosts the Oxford-RCGP Clinical Informatics Digital Hub (ORCHID). The ORCHID database is compliant with relevant legislation, University of Oxford's Policy and meets [NHS England's Data Security and Protection \(DSP\) Toolkit requirements](#). The organisation code is EE133863-MSD-NDPCHS.

Further details regarding the legal basis for our data processing are outlined in the ORCHID Data Sharing Agreement (DSA) between the University of Oxford and RSC practices. Please see the privacy notices here: [ORCHID Privacy Notices](#) and <https://www.gov.uk/government/publications/ukhsa-privacy-notice/ukhsa-privacy-notice>

For fair processing and patient awareness we ask that practices display RSC information on their website and in their patient-facing rooms relating to data processing (see information in the following appendices).

Data are only used for surveillance, quality improvement, research, and education (SQuIRE) purposes. Patients who have opted out of data sharing will not have their data processed for quality improvement, research and education.

3. RSC Network Practices – Key reminders for 2025/26

Recording flu vaccinations provided by other organisations

The RSC provides important information on the number of people who have received the flu vaccine each year, which supports analysis on flu vaccine effectiveness (VE). Many flu vaccines administered by other organisations in primary and secondary care, like the live attenuated influenza vaccine (LAIV) nasal spray (<18s), are not automatically coded back into the patient's medical record, which limits the quality of our data. This year we will see seven flu vaccines in circulation, 3 first line and 4 second line. This data is important, as it underpins the estimates of VE and the loss of information about vaccine uptake has the potential to bias national estimates of VE. We ask all practices to ensure that all flu vaccinations are coded into their practices systems, including vaccine type, brand and batch number. This may mean enhanced liaison work with local provider organisations to ensure efficient data capture.

4. The importance of coding acute respiratory infections (ARI) as a problem

UKHSA uses general practice data to track the number and types of respiratory viruses circulating across the country. Having a recorded diagnosis is really important. It helps us provide more reliable surveillance and research data. It tells us why the swab was taken and what symptoms the patient had at the time. By combining the swab result with the diagnosis, we can see which viruses are linked to which illnesses, and whether symptoms differ between age groups. When a new virus starts causing illness, such as when a new flu strain appears, recorded diagnoses help us quickly understand how it is affecting people.

International Standards for coding

ARI

In line with World Health Organisation (WHO) recommendations, ARI is our main indicator to signal respiratory conditions alongside influenza-like illness (ILI). Please see Figure 1 below. Our ARI indicator is composed of diagnosis codes entered at the practice that are then categorised into our key conditions of interest:

- Influenza-like illness (ILI)
- Exacerbations of chronic lung disease (e.g. asthma and COPD)
- Lower respiratory infections (LRTI, e.g. acute bronchitis, pneumonia, etc.)
- Upper respiratory infections (URTI, e.g. sinusitis, laryngitis etc.)

ILI

we recommend using the RSC's definition:

- An acute respiratory infection (ARI)
- With measured or clinically plausible temperature $\geq 38^{\circ}\text{C}$ (other than in older people who can have infections without a fever)

- Cough
- Systemic upset such as headache or myalgia
- Sudden onset and in the absence of a more plausible diagnosis.

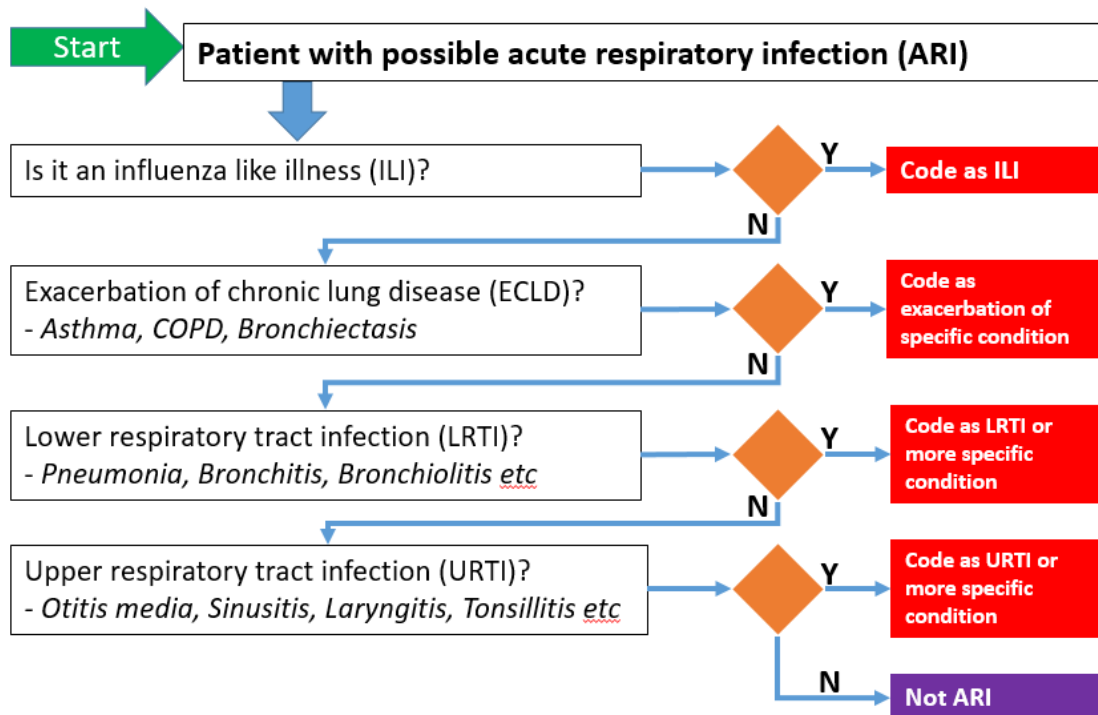


Figure 1: RSC recommendations for coding ARI from people presenting to primary care

We aim to provide the highest quality data possible to UKHSA. That's why we ask our RSC practices to record a diagnosis whenever a swab is taken. We ask all practices to please code, on the balance of probability/clinical judgement, what you think the likely diagnosis is. We recommended coding this under 'problem title'. We value the clinical experience of our RSC practices and ask you to code the most appropriate diagnosis based on your clinical judgement.

Please remember that the RSC does not have access to free-text entries, so a coded diagnosis is essential.

Coding a specific diagnosis helps provide an early signal for potential disease outbreaks. In our virology sampling practices half of people coded as ILI have influenza and around 40% of children under the age of 5 years coded with acute bronchitis or bronchiolitis have RSV.

1. Coding key signs and symptoms

If there is opportunity during your consultation, we encourage all practices to code the following signs and symptoms. This information helps us to assess the severity of disease.

Key symptom / history data to code:

1	Fever
2	Cough (it's okay to code more specific information e.g. productive cough)
3	Shortness of breath
4	Wheeze

Key signs / examination data to code:

1	Measured temperature (ear is our preferred measurement)
2	Peripheral oxygen saturation, where available in adults
3	Pulse rate
4	Respiratory rate
	+ Any important examination findings

2. Targets

- Practices will have a weekly virology sampling target to aim for, across the winter season

3. Payments

- Practice reimbursement is £12.50 per **valid** virology sample, received by a UKHSA lab
- Payments will be made to practices by the University of Oxford, on a quarterly basis

4. Results

- In-practice and self-testing swab results will be sent to the practice, typically within 10 days, with certain self-testing results also sent to the patient directly.

5. Serology sampling – How to participate and what to expect

1. Eligibility

- Anyone attending a routine blood test, all ages, but prioritise people under 30 years (particularly those under 18 years)
- Please do not send known HIV or Hepatitis C positive samples

2. Consent

- Patients give verbal consent for sampling
- A patient information sheet (PIS) is available and should be offered to a patient prior to sampling.

3. Serology sampling pathways

- In-practice kits provided by the RSC for clinicians to use

- Lab forms must be completed fully and the collection tube labelled with matching patient details.

4. Taking serology samples from younger age groups

- If you are taking samples from children, we would prefer if practices submit samples using paediatric serum tubes
- These must be serum bottles that have been approved by our serology lab, please confirm that your bottles are suitable with the Practice Liaison Team at practiceenquiries@phc.ox.ac.uk

5. Targets

- Practices will have a monthly virology sampling target to aim for regarding 18-year-olds and older, based on patient list size
- There is currently no maximum monthly volume for samples from patients who are 17-year-olds and younger, as we are required to significantly increase paediatric serology samples for 2025/26

6. Payments

- £30 per **valid** sample for 0 to 8 year olds (total of 250 samples per month across England)
- £11 per **valid** sample from 9 to 17 year olds (total of 250 samples per month across England)
- £5.50 per **valid** sample from 18 years and above (total of 1,000 samples per month across England)

7. Serology sampling results

- No results are given to patients or the practice
- Sampling volume information can be found on the serology dashboard (practices have a unique code to view their practice-level data):
<https://orchid.phc.ox.ac.uk/surveillance/dashboards-and-observatories-portal/serology-dashboard>

6. Dashboards

We provide publicly available dashboards visualising the high-level data from participating RSC practices. Practices that participate in our virology swabbing and/or serology sampling can monitor their progress through these two practice dashboards;

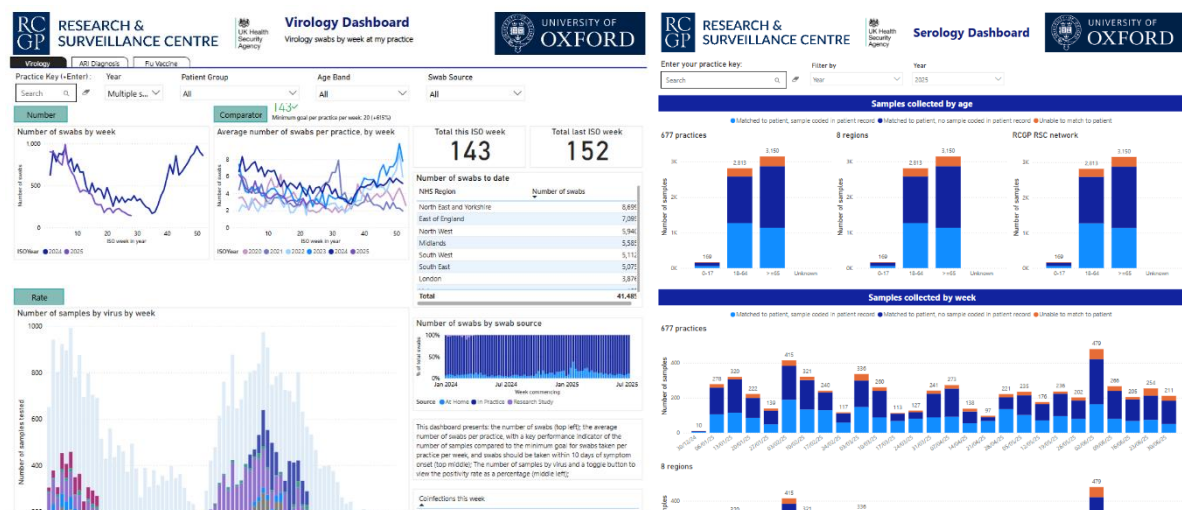
<https://orchid.phc.ox.ac.uk/surveillance/dashboards-and-observatories-portal>

The virology dashboard is split into three sections: Virology, ARI Diagnosis and Flu Vaccine. Examples of the type of data you can expect to see in these sections are:

1. Number of swabs by week
2. Average number of swabs per practice by week
3. Percentage of positive samples by week
4. Percentage of positive samples by viral strain by week
5. Number of swabs by swab source (i.e. in practice or at home test)
6. Number and percentage of virology samples by virus by coded ARI diagnosis for a selected time period
7. Number of virology samples by coded ARI by week
8. Flu vaccine coverage by YTD by eligible group by week
9. Viral positivity to date
10. Flu vaccine coverage by YTD by eligible group

The serology dashboard highlights the following data:

1. Samples collected by age
2. Samples collected by week



7. Continuing RSC Developments

RSC Patient and Public Involvement and Engagement (PPIE) Group

We are keen to increase the numbers of your Patient Participation Group (PPG) members participating in our PPIE Group, to help develop the RSC and surveillance and research projects. We aim to help improve the transparency of how data is used and its importance in enabling surveillance and research, and to promote patient engagement and acceptability of sampling. If you would like to involve your PPG in our work, or would like us to present at your PPG please get in touch: practiceenquiries@phc.ox.ac.uk

Enhanced Data Analytics Platform (EDAP) Pilot

For questions, contact our Practice Liaison Team: practiceenquiries@phc.ox.ac.uk
Further information is available at: <https://orchid.phc.ox.ac.uk/surveillance>

A pilot project is underway to assess the potential for the RSC data to be held within the UKHSA's EDAP. This project is aligned with the UK Government's "[Data Saves Lives](#)" policy, which sets out how data should be held through a small number of Secure Data Environments.

This pilot project will initially involve a small number of RSC member practices to test the potential capabilities of EDAP and the RSC data. It is possible we may migrate the RSC to EDAP if the pilot is successful. If this happens there will be a new data sharing agreement with RSC general practices.

8. Communications

Please read our four regular newsletters, we welcome any feedback:

- Sampling Is Informing (Tuesdays via email): for weekly insights on our monitored conditions
- Director's Message (Fridays via email): for important updates to all RSC network practices
- Monthly Newsletter (via email): for research and training opportunities
- Quarterly Patient and Public Involvement and Engagement (PPIE) Group Newsletter (via email and website)

For any queries or support, please contact the Please contact the University of Oxford's Practice Liaison Team at practiceenquiries@phc.ox.ac.uk

9. Patient Information

Please visit our webpage for our patient facing communication materials (https://orchid.phc.ox.ac.uk/surveillance/information_for_patients);

- Patient Data Poster
- Serology Patient Information Sheet
- Serology Poster
- Surveillance Certificate for Children
- Virology Patient Information Sheet
- Virology Take-a-Test-at-Home UK Patient Information Leaflet
- Virology Poster

Appendix

Prospective network members – reasons to join the RSC

What does it mean to be a network practice?

The RSC network practices provide invaluable pseudonymised patient data and virological and serological samples for surveillance and ad hoc research studies. The University of Oxford provides a Practice Liaison Team which works closely with the RSC practices from initial enquiries, onboarding, and ongoing support for surveillance and recruitment for ad hoc research studies.

There is an RSC Patient and Public Involvement and Engagement (PPIE) Group and we encourage your patients to join this group to help us develop the RSC and research and surveillance projects; https://orchid.phc.ox.ac.uk/surveillance/rsc_ppie_group

Please also find out more about our professional engagement opportunities for colleagues who are able to help us develop opportunities for research and to continue to develop the RSC; <https://orchid.phc.ox.ac.uk/surveillance/professional-engagement>

What is the benefit of becoming an RSC practice?

There are multiple benefits in being an RSC practice for both general practice colleagues and patients. Contributing invaluable data for surveillance and research helps to improve health outcomes for patients across the UK. Surveillance sampling is funded for participating practices, and the ad hoc research studies where practice and/or patient participation are required are funded.

Recent feedback from members of the RSC PPIE Group is the value of the important contribution that general practices are making to UKHSA's surveillance work, which is in the public interest.

If you are interested in joining the RSC network, please complete our [Join the Oxford RCGP RSC Network](#) form or contact the Practice Liaison Team at practiceenquiries@phc.ox.ac.uk